

SCHEDULE FORM 1

APPLICATION FOR SUBDIVISION (Check whichever applies) <input type="checkbox"/> By Plan of Subdivision <input type="checkbox"/> By Other Instrument	Date of Receipt of Completed Form	File No.
	Fee Submitted	

THIS FORM IS TO BE COMPLETED IN FULL WHEREVER APPLICABLE BY THE REGISTERED OWNER OF THE LAND THAT IS THE SUBJECT OF THE APPLICATION OR BY A PERSON AUTHORIZED TO ACT ON THE REGISTERED OWNER'S BEHALF.

1. Name of registered owner of land to be subdivided**Address, Phone Number and E-mail**

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2. Name of agent (person authorized to act on behalf of registered owner, (if any))**Address, Phone Number and E-mail**

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3. LEGAL DESCRIPTION AND AREA OF LAND TO BE SUBDIVIDED

All / part of the Sec Twp Range West of Meridian.....

Being all/parts of Lot Block Reg. Plan No.

C.O.T. No.

Area of the above parcel of land to be subdividedhectares

Municipal (Civic) address (if applicable)

4. LOCATION OF LAND TO BE SUBDIVIDED**a.** The land is situated in the municipality of**b.** Is the land situated immediately adjacent to the municipal boundary? **YES** ☐ **NO** ☐

If "yes", the adjoining municipality is

c. Is the land situated within 0.8 kilometres of the right of way of a highway? **YES** ☐ **NO** ☐

If "yes", the highway is No.

d. Does the proposed parcel contain or is it bounded by a river, stream, lake or other body of water or by a drainage ditch or canal? **YES** ☐ **NO** ☐

If "yes", state its name

e. Is the proposed parcel within 1.5 km of a sour gas facility? **YES** ☐ **NO** ☐**5. EXISTING AND PROPOSED USE OF LAND TO BE SUBDIVIDED****a.** Existing use of the land**b.** Proposed use of the land**c.** The designated use of the land as classified under the Medicine Hat Land Use Bylaw**6. PHYSICAL CHARACTERISTICS OF LAND TO BE SUBDIVIDED (WHERE APPROPRIATE)****a.** Describe the nature of the topography of the land (flat, rolling, steep, mixed)**b.** Describe the nature of the vegetation and water on the land (brush, shrubs, tree stands, woodlots, etc. -- sloughs, creeks, etc.).....**c.** Describe the kind of soil on the land (sandy, loam, clay, etc.).....

7. EXISTING BUILDINGS ON THE LAND TO BE SUBDIVIDED

Describe any buildings and any structures on the land and whether they are to be demolished or moved

8. WATER AND SEWER SERVICES

If the proposed subdivision is to be served by other than a water distribution system and a wastewater collection system, describe the manner of providing water and sewage disposal

9. INDICATE IF THE LAND THAT IS THE SUBJECT OF THE SUBDIVISION APPLICATION CONTAINS AN ABANDONED OIL / GAS WELL:

- a. Does an Abandoned Oil or Gas Well exist within the subject area of the subdivision application? **YES** ☐ **NO** ☐
- b. Is a map attached from the Alberta Energy Regulator (AER) website (www.aer.ca) or <http://portal.aer.ca/portal/site/srp> indicating if / where any abandoned oil and gas wells are located within the proposed subdivision area (required as per the Subdivision and Development Regulations & Municipal Affairs Bulletin 05/12 & AER Directive 079). **YES** ☐ **NO** ☐

10. REGISTERED OWNER OR PERSON ACTING ON THE REGISTERED OWNER'S BEHALF

I, hereby certify that
(Full Name)

☐ I am the registered owner, or ☐ I am the agent authorized to act on behalf of the registered owner
and that the information given on this form is full and complete and is, to the best of my knowledge, a true statement of the facts relating to this application for subdivision.

Address (Signed)

Phone No. Email: Date

11. AUTHORIZATION, IF APPLICABLE, TO ACT ON BEHALF OF THE REGISTERED OWNER (A SEPARATE AUTHORIZATION FORM / LETTER MAY BE SUBMITTED):

I (We) hereby authorize, to act on my (our) behalf on matters pertaining to this application for subdivision.

Signature of Owner

FURTHER INFORMATION MAY BE PROVIDED BY THE APPLICANT ON THE REVERSE OF THIS FORM

1. REASONS FOR SUBDIVISION, and any other relevant information in support of Application.

NOTE: There is no obligation upon the Subdivision Approving Authority to return to the applicant either a subdivision application or any documentation accompanying it.

2. RIGHT OF ENTRY

I hereby authorize the Planning & Development Services Department, City of Medicine Hat, to enter my land for the purpose of conducting a site inspection in connection with my application for subdivision approval should staff consider it necessary.

This right is granted pursuant to the *Municipal Government Act*, RSA 2000, Chapter M-26

Owner's / Agent's Signature

*Personal information collected on this form is collected in accordance with Sections 653, 654, 655 and 656 of the Alberta Municipal Government Act and Section 33(c) of the Freedom of Information and Protection of Privacy Act. **Please note that such information may be made public.** If you have any questions about the information being collected, contact the City of Medicine Hat FOIP Head at 403-529-8234.*

Revised: December 27, 2017

THIS SECTION FOR OFFICIAL USE
DECISION